



FEE TRANSMITTAL For FY 2005		Complete if Known	
		Application Number	10/702,546
		Filing Date	November 7, 2003
		First Named Inventor	YUICHI MAKINO ET AL.
		Examiner Name	David H. Bollinger
		Art Unit	3653
		Attorney Docket No.	01306.000072.1
<input type="checkbox"/> Applicant claims small entity status. See 37 C.F.R. 1.27			
TOTAL AMOUNT OF PAYMENT	(\$) 0.00		

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 06-1205 Deposit Account Name: Fitzpatrick, Cella, Harper & Scinto

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 C.F.R. 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	

2. EXCESS CLAIM FEES

Fee Description	Small Entity	
	Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims**

4 - 20 or HP = 0 x 0 = 0 **Fee (\$)** **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20 0 0

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

1 - 3 or HP = 0 x 0 = 0

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
<u> </u> - 100 = <u> </u> / 50 = <u> </u> (round up to a whole number) x <u> </u> = <u> </u>				

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other: _____	

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent) 30,110	Telephone 202-530-1010
Name (Print/Type)	Lawrence A. Stahl	Date: January 31, 2005	



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RESPONSE UNDER 37 C.F.R. § 1.116
EXPEDITED PROCEDURE
EXAMINER GROUP 3653

01306.000072.1

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: David H. Bollinger
YUICHI MAKINO, ET AL.)	
	:	Group Art Unit: 3653
Application No.: 10/702,546)	
	:	Confirmation No.: 8246
Filed: November 7, 2003)	
	:	
For: SHEET CONVEYING APPARATUS)	January 31, 2005
AND ORIGINAL DOCUMENT	:	
PROCESSING APPARATUS)	
(AS AMENDED)	:	

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COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450

AMENDMENT AFTER FINAL REJECTION

Sir:

In response to the Office Action mailed December 2, 2004, the Examiner is respectfully requested to consider and enter the following amendments: